

## Correspondence

*Letters for publication in the Correspondence columns should be addressed to:*

The Editor, *British Journal of Psychiatry*, 17 Belgrave Square, London SW1X 8PG

### THE LEEDS SCALES

DEAR SIR,

Snaith and his colleagues have published (*Journal*, February 1976, pp 156-65) an important study of the self-assessment of anxiety and depression. It may perhaps be worthwhile to correct the impression given by the statement on page 164: 'Zung (1967) found no evidence that the scores on his scale were affected significantly by age or sex.' Zung has since (1972) published an article showing a higher prevalence of elevated scores among two extreme age groups (19 and under, 65 and over). Using an SDS index of 50 as the 'morbidity cut-off score' he found that this misclassified only 12 per cent of normal subjects. Within the extreme age groups mentioned above, 48 per cent and 44 per cent respectively exceeded this cut-off point.

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### REFERENCE

ZUNG, W. W. K. (1972) How normal is depression? *Psychosomatics*, 13(3), 174-8.

### THE CONCEPT OF DISEASE

DEAR SIR,

In my essay on the concept of disease (*Journal*, October 1975, 127, pp 305-15), which has provoked such a spate of correspondence in your columns, I had two main aims: to refute the 'there is no such thing as mental illness' argument, by showing that at least some of the conditions traditionally regarded as mental illnesses possessed as good a claim to be regarded as disease as tuberculosis or hypertension; and to stimulate people to think what they really meant by 'disease' and 'illness'. I was not trying to prove that any particular phenomena were or were not illness, though it is true that I do suspect we have been rather uncritical in accepting as 'illness' any problem we have been asked to deal with.

Several people have commented on the disparities between the set of conditions commonly regarded as illnesses and those embraced by Scadding's 'biological disadvantage' criterion, or rather my operational

interpretation of it in terms of increased mortality or reduced fertility. As I said at the time, I realize that this definition is not ideal; we would all prefer our criterion of illness to include trigeminal neuralgia and psoriasis, but not rock climbers or Catholic priests (though I don't think the problems posed by essentially voluntary life styles such as these are insuperable). However, for the historical reasons I described, any definition will almost inevitably clash with contemporary usage in some respects, and it seems to me that Scadding's definition raises fewer serious problems than the traditional alternatives. If we reject it we must either find a more satisfactory alternative—and if any of your correspondents has one, he has not said so—or else accept that we can't define what we mean by disease and aren't going to.

This latter course has obvious attractions. It allows us, and society, to label as illness any phenomenon we regard as undesirable and which doctors seem better placed to deal with than other agencies. It also allows us to change our minds whenever we want to. But to do this is to accept Sedgwick's argument that the attribution of disease, mental or physical, is fundamentally a social value judgement, and that disease is really a socio-political concept rather than a biological or medical one. It may be that he and Jenner are right, but I think we should realize the full implications of this view before rushing to embrace it. It would mean that we could never maintain on medical grounds that x or y *were*, or were not, diseases. We could only argue on social grounds that they *ought*, or ought not, be regarded as diseases. And as the criteria would be social rather than medical such decisions would lie with society as a whole rather than with the medical profession, though doubtless they would be influenced by the effectiveness or otherwise of the treatments medicine had to offer. A further important implication is that we could not criticize Russian psychiatrists for incarcerating sane political dissidents in their beastly asylums: they would be perfectly entitled to regard political dissent as a mental illness if, as is probably the case, most of their fellow-citizens disapproved of political dissenters and it happened to be more convenient to deal with them as patients than as